

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Rock City PAC

ADDRESS (number and street)

1015 Stonebridge Park Drive

☐Check if different
than previously
reported. (ACC)

Franklin

TN

37069

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00436410

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kimberly Kaegi

Signature of Treasurer

Electronically Filed by Kimberly Kaegi

Date

09

07

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name
Rock City PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	265387.17
(b) Cash on Hand at Beginning of Reporting Period	190467.58	
(c) Total Receipts (from Line 19)	27218.65	59441.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	217686.23	324828.20
7. Total Disbursements (from Line 31)	78504.10	185646.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	139182.13	139182.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Rock City PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10250.00	21750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10250.00	21750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11000.00	25500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21250.00	47250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	968.65	2191.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27218.65	59441.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27218.65	59441.03

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	23504.10	64975.34	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	23504.10	64975.34	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	115670.73	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	5000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	78504.10	185646.07	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78504.10	185646.07	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	21250.00	47250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21250.00	47250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23504.10	64975.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23504.10	64975.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rock City PAC

A.

Full Name (Last, First, Middle Initial)

Robert P. Mayes

Mailing Address 136 Sassafras Way

City

Signal Mountain

State

TN

Zip Code

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPM & Associates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00415.C38777

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Staley, Jr.

Mailing Address 2202 Lyons Bend Rd

City

Knoxville

State

TN

Zip Code

37919-8930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Team Health

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 0

Transaction ID: 00620.C41015

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William J. Bunch

Mailing Address PO Box 667

City

Maynardville

State

TN

Zip Code

37807

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: 00620.C41014

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

10250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rock City PAC

A.

Full Name (Last, First, Middle Initial)
CVS/CareMark Employees Political Action

Mailing Address Mr. Rusty Ring
2211 Sanders Rd

City State Zip Code
Northbrook IL 60062-6150

FEC ID number of contributing
federal political committee. **C** C00384818

Name of Employer
N/A Occupation
N/A

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: 00620.C41017

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Deloitte & Touche Federal PAC

Mailing Address Ms. Cindy M. Stevens
P.O. Box 365

City State Zip Code
Washington DC 20044-0365

FEC ID number of contributing
federal political committee. **C** C00211318

Name of Employer
N/A Occupation
N/A

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: 00620.C41016

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Deloitte & Touche Federal PAC

Mailing Address Ms. Cindy M. Stevens
P.O. Box 365

City State Zip Code
Washington DC 20044-0365

FEC ID number of contributing
federal political committee. **C** C00211318

Name of Employer
N/A Occupation
N/A

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00706.C42052

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Rock City PAC

A.

Full Name (Last, First, Middle Initial)

Honeywell International PAC

Mailing Address Ms. Menda Fife

101 Constitution Ave NW Ste 500

City

State

Zip Code

Washington

DC

20001

FEC ID number of contributing
federal political committee.**C**

C00096156

Name of Employer
N/AOccupation
N/A

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Transaction ID: 00415.C38778

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

11000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

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NAME OF COMMITTEE (In Full)

Rock City PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Trey Grayson

Mailing Address P.O. Box 175726

City

Ft Mitchell

State

KY

Zip Code

41017-

FEC ID number of contributing
federal political committee.**C**

C00461681

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	0

Transaction ID: 00620.C41018

Amount of Each Receipt this Period

5000.00

Refund of Contribution Made

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Rock City PAC

A.

Full Name (Last, First, Middle Initial)

Pinnacle Bank

Mailing Address 211 Commerce St
Suite 300City State Zip Code
Nashville TN 37201-1806FEC ID number of contributing
federal political committee.**C**Name of Employer
N/AOccupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1549.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	1	0

Transaction ID: 00630.C41051

Amount of Each Receipt this Period

326.90

Interest Received

B.

Full Name (Last, First, Middle Initial)

Pinnacle Bank

Mailing Address 211 Commerce St
Suite 300City State Zip Code
Nashville TN 37201-1806FEC ID number of contributing
federal political committee.**C**Name of Employer
N/AOccupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1886.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	0

Transaction ID: 00630.C41052

Amount of Each Receipt this Period

337.17

Interest Received

C.

Full Name (Last, First, Middle Initial)

Pinnacle Bank

Mailing Address 211 Commerce St
Suite 300City State Zip Code
Nashville TN 37201-1806FEC ID number of contributing
federal political committee.**C**Name of Employer
N/AOccupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2191.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	1	0

Transaction ID: 00706.C42049

Amount of Each Receipt this Period

304.58

Interest Received

SUBTOTAL of Receipts This Page (optional)

968.65

TOTAL This Period (last page this line number only)

968.65

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A. Full Name (Last, First, Middle Initial) Carlyle Aviation	Transaction ID: 00630.E4567 Date of Disbursement																				
Mailing Address 3060 Peachtree Rd NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	0												
City Atlanta State GA Zip Code 30305-2230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Aircraft Leasing - GOP Event Candidate Name	<table border="1"> <tr> <td colspan="10">1893.47</td> </tr> </table>	1893.47																			
1893.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type AIRCRAFT LEASING - GOP EV-ENT																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Restaurant Associates	Transaction ID: 00630.E4566 Date of Disbursement																				
Mailing Address Dirksen Senate Office Bldg, SDB-04	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	3		2	0	1	0												
City Washington State DC Zip Code 20510-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Steering Committee Candidate Name	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type STEERING COMMITTEE																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: 00630.E4582 Date of Disbursement																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	1	0												
City Saint Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	<table border="1"> <tr> <td colspan="10">3745.45</td> </tr> </table>	3745.45																			
3745.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type CREDIT CARD: SEE BELOW																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

6338.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A.

Full Name (Last, First, Middle Initial)
U.S. Senate Restaurant

Mailing Address Dirksen Office Bldg, SDG-55
First & C Streets, Northeast

City Washington State DC Zip Code 20510-

Purpose of Disbursement
TN Tuesday Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4612

Date of Disbursement

/ /

Amount of Each Disbursement this Period

308.86

[MEMO ITEM]

MEMO: TN TUESDAY MEALS

B.

Full Name (Last, First, Middle Initial)
U.S. Senate Restaurant

Mailing Address Dirksen Office Bldg, SDG-55
First & C Streets, Northeast

City Washington State DC Zip Code 20510-

Purpose of Disbursement
TN Tuesday Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4613

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2159.87

[MEMO ITEM]

MEMO: TN TUESDAY MEALS

C.

Full Name (Last, First, Middle Initial)
Aristotle International, Inc.

Mailing Address 2285 Peachtree Rd NE

City Atlanta State GA Zip Code 30309-1119

Purpose of Disbursement
PAC Software

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4614

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1094.22

[MEMO ITEM]

MEMO: PAC SOFTWARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A. Full Name (Last, First, Middle Initial) Cedar Restaurant Mailing Address 822 E Street, NW	Transaction ID: 00630.E4616 Date of Disbursement <div> <div>06</div> <div>22</div> <div>2010</div> </div>
City Washington State DC Zip Code 20004- Purpose of Disbursement Meeting Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>71.40</div> [MEMO ITEM] MEMO: MEETING EXPENSE
B. Full Name (Last, First, Middle Initial) Dirksen South Mailing Address First & Constitution City Washington State DC Zip Code 20001- Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00630.E4617 Date of Disbursement <div> <div>06</div> <div>22</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>19.00</div> [MEMO ITEM] MEMO: MEALS
C. Full Name (Last, First, Middle Initial) Tad Wintermeyer Mailing Address P.O. Box 25305 City Chattanooga State TN Zip Code 37422- Purpose of Disbursement Pilot Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00630.E4568 Date of Disbursement <div> <div>05</div> <div>03</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>450.00</div> PILOT SERVICES

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A.

Full Name (Last, First, Middle Initial)
The Ingram Group

Mailing Address 424 Church Street, Suite 1650

City Nashville State TN Zip Code 37219-

Purpose of Disbursement
Consulting Fee - not candidate spec

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4575

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONSULTING FEE - NOT CAND-
IDATE SPEC

B.

Full Name (Last, First, Middle Initial)
Cardmember Service

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-0408

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 2500 Victory Ave

City Dallas State TX Zip Code 75219-7601

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4595

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]
MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional)

12265.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A. Full Name (Last, First, Middle Initial) NYC Taxi	Transaction ID: 00630.E4596 Date of Disbursement																				
Mailing Address 40 Rector Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	1	0												
City New York State NY Zip Code 10006-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxi	<table border="1"> <tr> <td>60.95</td> </tr> </table>	60.95																			
60.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: TAXI																					
B. Full Name (Last, First, Middle Initial) NYC Taxi	Transaction ID: 00630.E4597 Date of Disbursement																				
Mailing Address 40 Rector Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	1	0												
City New York State NY Zip Code 10006-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxi	<table border="1"> <tr> <td>47.97</td> </tr> </table>	47.97																			
47.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: TAXI																					
C. Full Name (Last, First, Middle Initial) Loews Regency Hotel	Transaction ID: 00630.E4599 Date of Disbursement																				
Mailing Address 540 Park Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	1	0												
City New York State NY Zip Code 10021-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>428.93</td> </tr> </table>	428.93																			
428.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: LODGING																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A.

Full Name (Last, First, Middle Initial)
Loews Regency Hotel

Mailing Address 540 Park Ave

City New York State NY Zip Code 10021-

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4602

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

426.93

[MEMO ITEM]

MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)
Loews Regency Hotel

Mailing Address 540 Park Ave

City New York State NY Zip Code 10021-

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4603

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

109.46

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Loews Regency Hotel

Mailing Address 540 Park Ave

City New York State NY Zip Code 10021-

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4605

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

368.40

[MEMO ITEM]

MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address 1050 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4606

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

270.00

[MEMO ITEM]

MEMO: TRAVEL

B.

Full Name (Last, First, Middle Initial)
701 Restaurant

Mailing Address 701 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4608

Date of Disbursement

05 / 24 / 2009

Amount of Each Disbursement this Period

154.80

[MEMO ITEM]

MEMO: MEETING EXPENSE

C.

Full Name (Last, First, Middle Initial)
Cedar Restaurant

Mailing Address 822 E Street, NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4609

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

156.90

[MEMO ITEM]

MEMO: MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address 2345 Crystal Dr

City Arlington State VA Zip Code 22227-0001

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4610

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

477.40

[MEMO ITEM]

MEMO: TRAVEL

B.

Full Name (Last, First, Middle Initial)
Hunan Dynasty Restaurant

Mailing Address 215 Pennsylvania Ave SE #2

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4611

Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

113.60

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
The Ashcroft Group

Mailing Address 1399 New York Avenue, NW
Suite 950

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Media Lunch

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4572

Date of Disbursement

05 / 13 / 2010

Amount of Each Disbursement this Period

105.00

MEDIA LUNCH

SUBTOTAL of Disbursements This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A. Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: 00630.E4580 Date of Disbursement																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Saint Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD: SEE BELOW	<table border="1"> <tr> <td colspan="10">3881.00</td> </tr> </table>	3881.00																			
3881.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ CREDIT CARD: SEE BELOW																				
B. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 00630.E4586 Date of Disbursement																				
Mailing Address 2500 Victory Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Dallas State TX Zip Code 75219-7601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airline Ticket	<table border="1"> <tr> <td colspan="10">1149.40</td> </tr> </table>	1149.40																			
1149.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: AIRLINE TICKET																				
C. Full Name (Last, First, Middle Initial) U.S. Airways	Transaction ID: 00630.E4587 Date of Disbursement																				
Mailing Address 2345 Crystal Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Arlington State VA Zip Code 22227-0001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">640.60</td> </tr> </table>	640.60																			
640.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: TRAVEL																				

SUBTOTAL of Disbursements This Page (optional)

3881.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A.

Full Name (Last, First, Middle Initial)
American Enterprise Institute

Mailing Address 1150 Seventeenth Street, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
Meeting Expense
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4588
Date of Disbursement

/ /

Amount of Each Disbursement this Period

497.66

[MEMO ITEM]

MEMO: MEETING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Cedar Restaurant

Mailing Address 822 E Street, NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Meeting Expense
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4591
Date of Disbursement

/ /

Amount of Each Disbursement this Period

126.70

[MEMO ITEM]

MEMO: MEETING EXPENSE

C.

Full Name (Last, First, Middle Initial)
Dirksen South

Mailing Address First & Constitution

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Meals
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4592
Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.00

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address 1050 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4593

Date of Disbursement

/ /

Amount of Each Disbursement this Period

944.40

[MEMO ITEM]

MEMO: TRAVEL

B.

Full Name (Last, First, Middle Initial)
The Cloister

Mailing Address 100 Salt Marsh Lane

City Saint Simons Islan State GA Zip Code 31522-

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4594

Date of Disbursement

/ /

Amount of Each Disbursement this Period

384.19

[MEMO ITEM]

MEMO: LODGING

C.

Full Name (Last, First, Middle Initial)
Robert Rosser

Mailing Address 1339 Red Belt Road

City Chickamauga State GA Zip Code 30707-

Purpose of Disbursement
Pilot Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00630.E4569

Date of Disbursement

/ /

Amount of Each Disbursement this Period

450.00

PILOT SERVICES

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

23490.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rock City PAC**A.**Full Name (Last, First, Middle Initial)
Friends of Sharron Angle

Mailing Address P.O. Box 33058

City State Zip Code
Reno NV 89533-Purpose of Disbursement
CONTRIBUTIONCandidate Name
SHARRON E ANGLEOffice Sought: ☐ House
☒ Senate
☐ President

State: NV District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 00706.E4630

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
Friends of Kelly Ayotte

Mailing Address P.O. Box 233

City State Zip Code
Nashua NH 03061-Purpose of Disbursement
CONTRIBUTIONCandidate Name
KELLY A AYOTTEOffice Sought: ☐ House
☒ Senate
☐ President

State: NH District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00706.E4627

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
Friends of Roy Blunt

Mailing Address P.O. Box 50100

City State Zip Code
Springfield MO 65805-Purpose of Disbursement
CONTRIBUTIONCandidate Name
ROY BLUNTOffice Sought: ☐ House
☒ Senate
☐ President

State: MO District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00630.E4573

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Rock City PAC

A.

Full Name (Last, First, Middle Initial)
John Boozman for Arkansas

Mailing Address 322 North Bloomington, Suite A-B

City State Zip Code
Lowell AR 72745-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN BOOZMAN

Office Sought: ☐ House
☒ Senate
☐ President

State: AR District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 00706.E4629

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Dan Coats for Indiana

Mailing Address P.O. Box 301141

City State Zip Code
Indianapolis IN 46230-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DANIEL R COATS

Office Sought: ☐ House
☒ Senate
☐ President

State: IN District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 00630.E4574

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Mike Crapo for US Senate

Mailing Address P.O. Box 1948

City State Zip Code
Boise ID 83701-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MICHAEL D CRAPO

Office Sought: ☐ House
☒ Senate
☐ President

State: ID District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 00630.E4570

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Rock City PAC

A. Full Name (Last, First, Middle Initial) Mike Crapo for US Senate	Transaction ID: 00630.E4571 Date of Disbursement
Mailing Address P.O. Box 1948	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 3 / 2 0 1 0</div> </div>
City Boise State ID Zip Code 83701-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement CONTRIBUTION	<div>Category/Type</div>
Candidate Name MICHAEL D CRAPO	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Lisa Murkowski for US Senate	Transaction ID: 00630.E4564 Date of Disbursement
Mailing Address P.O. Box 100847	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Anchorage State AK Zip Code 99510-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement CONTRIBUTION	<div>Category/Type</div>
Candidate Name LISA MURKOWSKI	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00	CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Lisa Murkowski for US Senate	Transaction ID: 00630.E4565 Date of Disbursement
Mailing Address P.O. Box 100847	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 1 0</div> </div>
City Anchorage State AK Zip Code 99510-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement CONTRIBUTION	<div>Category/Type</div>
Candidate Name LISA MURKOWSKI	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District: 00	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Rock City PAC

A. Full Name (Last, First, Middle Initial) Marco Rubio for Senate	Transaction ID: 00706.E4628 Date of Disbursement
Mailing Address 2030 South Douglas Road, Suite 105	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Miami State FL Zip Code 33135-	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name MARCO RUBIO	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	CONTRIBUTION
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) David Vitter for US Senate	Transaction ID: 00706.E4626 Date of Disbursement
Mailing Address P.O. Box 8175	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 8 / 2 0 1 0</div> </div>
City Metairie State LA Zip Code 70011-	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name DAVID VITTER	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	CONTRIBUTION
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

55000.00